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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(For use with Form PTO/SB/06)

Application Number \_\_\_\_\_ Filing Date \_\_\_\_\_

Applicant(s) \_\_\_\_\_

Wen-Chiang Huang

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X						51					
2							52					
3		X					53					
4		X					54					
5		X					55					
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Total Indep	1						Total Indep					
Total Depend	9	↙		↙		↙	Total Depend	↙	↙	↙	↙	
Total Claims	10						Total Claims					

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# CLAIMS ONLY

SERIAL NO.

10007563

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	/		↓		↓	
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TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓		↓		↓	
TOTAL DEP.			←		←		←	
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS